ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

MCC SEATTLE EMBRACES PASTOR WITH AIDS

by Rev. Steve Pieters

The Rev. Ron Russell-Coons was diagnosed with AIDS-Related Complex (ARC) in April, 1986, before receiving his call to pastor the Metropolitan Community Church of Seattle, WA. Some months after arriving in Seattle with his life-partner, Chuck Russell-Coons, Ron was diagnosed with full-blown AIDS, in January of 1987, when it was discovered that he was suffering from candidiasis in his oesophagus. The congregation has, for the most part, reacted with love and compassion, but there have been adjustments for everyone to make. I recently had the opportunity to observe the congregation first-hand, when I visited Seattle to preach at their AIDS Vigil of Prayer, March 5 and 6.

The course of Ron's disease has been like a rollercoaster, as it is for many persons with AIDS. Periods of wellness are interrupted by varieties of physical problems. Ron was hospitalized the week prior to my visit to receive IV treatment for shingles in one eye and the surrounding skin. Since that time, the oesophagitis has returned, and Ron is hoping that the treatment with Ketoconazole will succeed. This treatment is much less toxic than the Amphaterazine which they have had to use before to treat this problem.

Meanwhile, he is on a 4200 calorie a day diet, but is continuing to lose weight, having lost three pounds just in the last week. He is having trouble with his memory, although the doctors have not been able to establish why, because the necessary tests were interrupted to treat the shingles.

Members of MCC Seattle are experiencing a variety of stages of grief. While the majority of members are handling the situation with maturity and compassion, Ron reports that a few members have already written him off. "They refuse to experience my presence when we're in the same room. It's becoming more and more noticeable." This is not an uncommon experience for persons with AIDS: some people simply do not want to go through the process of watching someone live through the stages of AIDS or any life-threatening illness. They disengage themselves before they have to face the pain and grief associated with the illness.

Ron reports that it is shocking for some parishioners to see the physical changes that are happening to his body. Rather than dealing honestly and saying, "I see you're losing weight," they say something like, "You're looking real, real good." Ron wishes people would be more honest and address the changes in his appearance, rather than deny them. "I know the changes are happening, and it helps me deal with it when others address the problem directly."

There have been some members who have left the church because they did not want to deal with a pastor with AIDS. One very involved new member resigned just before the AIDS Vigil, telling a Board member that he felt Ron should have resigned a long time ago, to avoid putting the church through undue stress. Fortunately, the majority of the congregation scoff at such an attitude. They see that the Church is called to respond with love and support, and that Ron's illness can be understood as a real gift to the church. Certainly, members of MCC Seattle are learning about ministry in the AIDS crisis, and the vast majority seem to be strengthened by the experience.

Sometimes Ron feels awkward and self-conscious leading worship. He recognizes that his feelings are very much on the surface, and that his energy and strength are not what they used to be. He worries that he sometimes looks like a "bumbling fool." During the AIDS Vigil, Ron was very professional in his leadership style. The fact that his feelings were easily expressed seemed to give the congregation permission to experience their feelings.

Because his energy has been dwindling, Ron had to find a way to share the work of pastoring. At his suggestion, the Board of Directors appointed Rev. Val Valrejean to be co-pastor of the church with Ron. This allows him to take the time he needs to rest and remove himself from stressful situations, while still allowing him to participate in the church's life as he feels able.

I was overwhelmed with the sense of love for Ron and Chuck that I experienced from the majority of members. Ron's ministry is greatly cherished by a large majority of his church. He is widely respected in the community at large as an excellent spokesperson for the Lesbian and Gay community, as well as for PWA's. He is a role model for other PWA's, living, working, and participating as much as he is able.

Some Board members have expressed a fear that Ron does not have much time left, a feeling that Ron sometimes shares. The AIDS Vigil provided an excellent opportunity for people to get in touch with their feelings, to cry and to grieve. Many people felt that it was a much-needed catharsis.

God's grace is present at MCC Seattle, as they learn to live with AIDS in their midst, and as they face their fear of the potentially imminent death of their pastor.

POCKET BOOKS ANNOUNCES PUBLICATION OF THE QUILT: STORIES FROM THE NAMES PROJECT

Pocket Books announces that it will publish THE QUILT: Stories From The NAMES Project (Hardcover, $22.95) as a non-profit publication on May 11, 1988. With a foreword by Elizabeth Taylor, National Chair of the American Foundation for AIDS Research, the book will be a keepsake edition in full-color photos and text of The NAMES Project Quilt, the national AIDS memorial. The Quilt is dedicated both to preserving the memory of those who have died and increasing national awareness of the disease. All profits from the sale of the book will go to The NAMES Project for its continuing community service projects.

The NAMES Project Quilt is comprised of more than 3,000, 3'x6' individual panels, each depicting the name of someone who has died of AIDS. Created by friends, parents, lovers, siblings and co-workers, the panels have arrived from 48 states and 5 foreign countries, and each is unique with its own meaning and memories. The panels are sewn together into 12' square blocks by NAMES Project volunteers, with fabric walkways run between the blocks of panels. The Quilt, weighing 3½ tons and roughly the size of two football fields was first presented for public exhibition at dawn on October 11, 1987 on the Capitol Mall in Washington, DC. With panels continuing to arrive at The NAMES Project, The Quilt has become the largest ongoing community art project in America.

THE QUILT: Stories From The NAMES Project is at the same time a visual book and a moving narrative. Full-color photographs throughout highlight the panels that have become the moving and passionate memorials to those who have died of AIDS and are accompanied by letters and stories telling how the panels were made.

This spring The Quilt will travel to some 25 American cities where its message of love and remembrance will reach tens of millions and help raise funds for local support groups providing direct services to people with AIDS. The May publication of the book will coincide with the national tour to further focus attention on The NAMES Project.

Cleve Jones, Executive Director of The NAMES Project, and who also helped found the San Francisco AIDS Foundation, said, "For many Americans, the AIDS epidemic has become the tragedy of our generation, profoundly affecting every aspect of our lives. As a nation, we have struggled not only against a disease, but also against the equally destructive enemies of ignorance, hysteria and bigotry. At times it seemed that we lacked the national will to conquer AIDS, and many of us despaired. This quilt is a gift from the hands and hearts of thousands of people who have not despaired. It stands as a statement of hope and remembrance, a symbol of national unity and a promise of love."

THE QUILT: Stories From The NAMES Project is written by Cindy Ruskin, designed by Deborah Zemke with photographs by Matt Herron. The 10½ x 10½ hardcover will have a first printing of 75,000 and is the second book in Pocket Books' new hardcover line.

For further information please write to Pocket Books, 1230 Avenue of the Americas, New York, NY 10020.

HEALING AIDS NEWSLETTER

The HEALING AIDS Newsletter is celebrating its first year in continuous publication. Throughout 1987 the Newsletter has reached national acclaim in providing up-to-date coverage of holistic and alternative treatments, resources, doctors, practitioners and activities.

The holistic and alternative healing fields have grown dramatically in the past year, gaining increased acceptance and recognition with People With AIDS and ARC, those who are HIV positive, the worried well, and their perspective health care practitioners.

The HEALING AIDS Newsletter is a comprehensive, national resource featuring informative articles presenting a positive and participative approach in dealing with AIDS. The Newsletter reports on current holistic and alternative treatments and therapies including diet and nutrition, attitudes, exercise and bodywork, meditation, visualization, vitamin C therapy, herb therapy, macrobiotics, garlic therapy, acupuncture, homeopathy, DNCB, AL 721 and others, and also highlights books, cassettes, videos, products, groups, events, practitioners and advertisers all involved in healing the body, mind and spirit. Coverage extends across the US from The Newsletter's home base of volunteer staff in San Francisco, and reaches out to hundreds of alternative group and agencies, and thousands of individuals succeeding in improving their health and lives.

Subscriptions are available for a minimal donation to cover postage and handling costs. Send $7 PWA/ARC/low income and $12 others to HEALING AIDS, 3835 - 20th Street, San Francisco, CA 94114 (Add $5 outside of U.S./Canada). No request denied due to lack of funds. Write for a complementary issue if desired. Articles related to holistic and alternative approaches to AIDS are welcome. Enclosed a self addressed return envelope if materials are to be returned. The HEALING AIDS Newsletter is a member of the Coalition of AIDS Healing Groups.

TREATMENT OPTIMISM & RESEARCH ETHICS: Interview With Nathaniel Pier, MD

(By John S. James)

Nathaniel Pier, M.D. has about 300 AIDS/ARC patients in his private practice in New York. He also works with New York's Community Research Initiative (CRI), a project of the PWA Coalition. The CRI has obtained State and Federal approval to design and conduct clinical drug trials, providing unique opportunities for persons with AIDS to have input into clinical drug research.

We have spoken with Dr. Pier several times in the last two months, about the growing optimism on AIDS treatments, and about problems in research policy. We recorded and transcribed parts of these conversations and interviews.

We have learned that physicians in private practice are more free to speak openly if they want to, than scientists who ususally need permission to make public statements, and who dare not offend the institutions which control research funding.

Growing Optimism on AIDS Treatments

"The point we've reached in late 1987 is really quite an optimistic one. A year ago when we were just starting out with AZT we could say that whether or not AZT works there's a profound change here, which is that we do have a tool which is a first step in treating people. And it forced the government and Otis Bowen at the meetings in June (the III International Conference on AIDS, in Washington, DC) to admit that people who are already affected by AIDS should not be thrown on the dunghill of humanity, that it was worth trying to save them, that in fact medications could be developed or should be developed that would treat them. And that's led to a profound change in the way people approach AIDS.

"Part of the optimism here is that we're beginning to bias the process in favor or good news. We're beginning to have more than one option. It's not just AZT now, it's AZT plus a number other drugs that are in phase II testing that may work.

"This perspective must be brought out. Patients must hear that although they have a serious problem that may result in them getting very ill or even dying, it's equally reasonable for them to hear that scientific progress has advanced significantly to the point where we can now introduce variables into the course of their disease that may mean they will not die. That, coupled with the fact that it is clear that there are long-term survivors, and that this is not a universally fatal, 100-percent-everybody-dies disease, makes it from a medical person's point of view a much more manageable disease. If you look at the 30-35 year old age group who have Kaposi's, one in three is living more than five years. This is better statistics than many cancers. And somebody who presents in that fashion should not be told that they have a universally fatal illness.

"We must appeal to other physicians to stop the gloom and doom stuff. I know people are dying of AIDS, but when you're talking to an individual patient who is perhaps being diagnosed for the first time...they shouldn't necessarily feel that they're obligated to get sick and die to prove the CDC correct, or the New York Times for that matter.

"As far as practical things, if you ask the doctors in New York City about mortality rates, most of them, in fact everyone I talk to will tell you that the mortality rates have gone down considerably, partly because of AZT, some believe, partly because we're getting better at treating diseases that occur in AIDS, partly because of pneumocystis prophylaxis. But it is clear that AIDS is not "the patient has got six months to live" kind of thing that it was a year or two ago. And it's clear that physicians who are very skilled at dealing with AIDS do not lose patients in the kind of numbers that the same physicians did two years ago, or that other physicians who are not very skilled at dealing with AIDS are losing their patients."

The Wrong Way to Treat AIDS

"Recently some Harvard-trained physicians visited me to look at my practice and see how I deal with AIDS, because I've had so few deaths. They were astonished. What I do they do not do. They never heard of resources like AIDS Treatment News or Project Inform. And as a consequence their patients don't get the full spectrum of counselling, their opportunities for choosing their therapies are limited and they don't do as well.

"It should be clear to the medical community that if you make a concerted effort with each individual to discuss therapeutic options that may be appropriate for them, such as participating in a trial of an experimental drug, or trying alternative therapies, they may do better, and survive longer and in better shape with a better quality of life. That's the message that's being lost. If you ask the infectious disease specialist, who may be the typical doctor that is asked to consult on an AIDS patient, what to do, it's AZT or nothing. That's a disaster. They don't take a look at what options the patients have, they don't counsel the patients as to what other alternatives there are, and if the patient doesn't do well on AZT they don't offer them anything else.

"The bottom line is that if a physician takes the time to look at each individual and talk about what their options are, in terms of taking standard orthodox therapy, of enrolling in an experimental treatment program, or in terms of looking at alternative therapies that may in fact have some value, like AL 721 or naltrexone, you can not only treat a patient and get them into a state where they can have some hope and some idea that there's something to do besides wait for the bomb to drop, that in fact if one of these therapies works, you've done an enormous good."

Research Policy and Ethics: Pneumocystis, DHPG, Ampligen, Lentinan

"The people who are affected by the research, by the disease, are demanding to know what the timetable is, and they want explanations.

"AIDS has forced the American medical scene to look at aspects it's never looked at. Like the bioethics of drug testing. Is scientific data proprietary? Should the private drug companies, which the FDA constantly points to as being in partnership with the government, should they have proprietary interest over scientific data, like do their drugs work, or should the people who are actually paying for the government have the right to demand that these companies make their scientific data public? What about the degree of time it takes to get scientific data published?

"A good example of that is pneumocystis prophylaxis. In New York we've been using pneumocystis prophylaxis for a year, some have been using it for 18 months or longer. And in June when we spoke with Dr. Anthony Fauci (of NIH) about pneumocystis prophylaxis, people from ACT-UP and the PWA Coalition, he told them that they were fools, that there was no study that showed that pneumocystis prophylaxis was of any value and that we might be putting people in danger by doing it. In fact, five months later the New England Journal of Medicine published an editorial which essentially states that prophylaxis for pneumocystis should be standard therapy for people with AIDS. If we were wrong it would have done little harm. But we were right and therefore many people's lives were saved.

"If a therapy is generally deemed safe and we employ it, if we're wrong we haven't lost much, but if we're right we've done a great good. In drug therapies where there is a track record in human beings of safety, we needn't wait for efficacy to be proved before we give the individual the opportunity to choose to use or not use such a therapy. This doesn't mean that good rigorous studies couldn't or shouldn't be done; it's just that the number of people affected is so large and the time so precious that we need to construct a system whereby both the needs of the individual to choose therapies is acknowledged and accepted as well as the need for researchers to do rigorous science.

"If DHPG has clearly been demonstrated to help people with CMV retinitis, it seems completely illogical not to approve it for use, even though the studies haven't been done. And to punish people, to punish the patients by letting them go blind or die, in order to make the companies do the tests right, is just not logical or humane, and it should call into question why this decision is made and who is making it.

"The FDA continues to say that the DHPG rejection was an advisory committee decision that has nothing to do with whether the FDA will or will not approve it. What the FDA hasn't done is put down a set of guidelines or rules that will allow persons who are interested to determine whether or not a drug will be approved. Exactly how many trials need to be done, what kind of trials, how may patients, etc? In a meeting with FDA Commissioner Frank Young that a number of concerned people had a couple of weeks ago, what he said is that it was completely up to his judgment, that there were no hard and fast rules; all you could say is that if a company wanted the drug to be approved, it would just have to apply and the FDA would use its judgment. But he refused or was unable to give out any guidelines. Of course if he did that it would allow people with AIDS to determine whether and how the FDA was influencing research policy.

"A good example is that the Ampligen study that's being done now in New York City at St. Luke's/Roosevelt Hospital apparently forbids any pneumocystis prophylaxis. This is a major ethical point; if you have a therapy that is of accepted benefit, is it ethical to deny this therapy to people at risk, because it might interfere with your end-point for drug test? This is a major question, and I asked the fellow who spoke about the Ampligen study who designed this protocol, and was there any input into this protocol by persons with the disease, did they voluntarily say yes, we will agree not to take this life-preserving therapy in order to advance science?

"I would still like to know why lentinan hasn't been tried. I would still like to find out what goes on in the AIDS drug selection committee, why they meet so infrequently why the minutes of their meetings aren't published, and why people aren't watchdogging them from Congress or other public agencies, and why they don't allow proprietary data that's submitted to them by private companies to be examined if it's relevant to the health and well being of people. Like the studies of Lentinan, why Bristol Labs does not allow them to be published, its completely unethical. And I think that people with AIDS should rise up en masse, and say that you can't do this to us anymore.

"This is not just a call for expressing anger, but a call to organize behind dramatic change in the way that medical research is done, and organize behind a further dethroning of the cult of medicine. The medical authorities must also be asked to be responsible to the public that benefits from their efforts and also pays for their work. We're asking that these people acknowledge that fact that the consuming public does have the right to do this, even though they might not have the knowledge to make medical judgement. We don't want to condemn the sincerity of any individual's efforts to combat AIDS. What we're asking for is a two-way street."

NATIONAL LAWYERS GUILD AIDS NETWORK
211 Gough Street Third Floor San Francisco, CA 94102 415 861-8884

ORGANIZATION SURVEY FORM

Name of organization _____

Contact person(s) _____

Address _____

_____ Zip _____

Telephone _____ _____

Geographic area served _____

____ 1. Please send us The Exchange. (There is no charge for community-based AIDS organizations. For others, a subscription is $10 per year.)

____ 2. Please send the legal Practice Manual. (The cost is $20 for individuals and community-based AIDS organizations, $35 for other institutions.)

____ 3. Our organization is interested in being placed in touch with members of the legal community in our region who are able to assist with:

___ Provision of legal services to people with AIDS or ARC or with AIDS-related problems;

___ Provision of legal services on organizational matters;

___ Education and advocacy.

Please check the services you provide:

___ Direct services to people with AIDS (counseling, etc.)
___ Operate hotline
___ Educational services
___ Advocacy or lobbying
___ Grass-roots organizing
___ Other _____

Approximately how many requests for legal assistance do you receive per month? _____

Please feel free to let us know of any special needs or concerns.
This form should be returned to the Network at the address above.

NATIONAL LAWYERS GUILD **AIDS NETWORK**
211 Gough Street Third Floor San Francisco, CA 94102 415 861-8884

NATIONAL LAWYERS GUILD
AIDS NETWORK ANNOUNCED

The National Lawyers Guild is a progressive organization with a 50 year history of defense of civil rights. It has a membership of over 8,000 lawyers, legal workers and law students in 120 chapters nationwide.

The NLG AIDS Network was formed in 1985 to encourage members of the legal community to bring their skills to bear on AIDS issues. There are currently over 300 participants in 40 states. The participants have agreed to become involved in a variety of ways, including:

- Provision of legal assistance to persons with AIDS or ARC or with AIDS-related problems;

- Provision of legal assistance to AIDS organizations;

- Education and advocacy.

They can assist you by providing you the names of participants in your region together with information about their practice. You can then contact them directly to make arrangements for utilizing their services. If there are not participants in your area, the NLG AIDS Network will contact other legal organizations and ask them to help locate attorneys willing to become involved in AIDS work. The existence of educational materials - including a Practice Manual, newsletter and consultant list - facilitates this form of recruitment.

If you are interested in being placed in touch with members of the legal community, please return the enclosed survey form to the address above.

We look forward to working with you.

National Lawyers Guild
AIDS Network

GRASSROOTS MOBILIZATION STRENGTHENED BY MERGER!

(Washington, DC, March 3, 1988): The Fairness Fund, a two-year old gay/lesbian grassroots mobilization group, has merged into the Human Rights Campaign Fund, a political action committee working to secure full human rights for gay men and lesbians and responsible federal policies to fight AIDS.

"By joining forces with the extraordinarily successful Campaign Fund, we give added visibility, clout and resources to our important grassroots initiative," said the Rev. Troy Perry, Co-Chair of the Fairness Fund's National Mailgram Campaign and founder of the Universal Fellowship of Metropolitan Community Churches.

Fairness Fund constituent mobilization, in the form of thousands of letters, mailgrams and calls, will dramatically enhance the Campaign Fund's lobbying on Capitol Hill and improve chances of making legislative gains on AIDS and fairness issues.

"We have smart, articulate lobbyists and generous donors who make our sizeable political campaign contributions possible. But we need the strong grassroots mobilization initiative the Fairness Fund provides. Now we can maximize our program efforts," said Victor Basile, executive director of the Human Rights Campaign Fund.

The Fairness Fund will retain its name, staff, current address and telephone numbers and will continue its present efforts. As a new project of the Campaign Fund, the Fairness Fund will soon launch a series of regional conferences focusing on lobbying strategies, issue mobilization and grassroots fundraising.

The combined efforts of the Fairness Fund and the Human Rights Campaign Fund guarantee strong gay and lesbian representation in national legislative matters.

For more information on the Fairness Fund please write or call them at: P.O. Box 1723, Washington, DC 20013; (202) 347-0826.

UPCOMING AIDS CONFERENCES

-- FIRST NATIONAL CONFERENCE ON AIDS AND ADOLESCENTS is scheduled for April 27 & 28 in Washington, DC. For info contact the CPO at (202) 347-5700.

-- INTERNATIONAL SYMPOSIUM ON ETHICS & THE HEALTH PROFESSIONALS ROLE IN COMMUNICATING RISKS, takes place in Washington, DC, April 18 & 19. For info write to: Dr. J. Higginson, Institute for Health Policy analysis, 2121 Wisconsin Ave., NW, Washington, DC 20007.

-- AIDS IN THE 1990's: IS THE HEALTHCARE SYSTEM READY? is being held by the American Health Planning Assoc. on April 25-27 in Washington, DC. For info contact the AHPA at (202) 861-1200.

UPCOMING AIDS CONFERENCES (cont'd)

-- ANNUAL AIDS WORKSHOP of the American College Health Assoc will be in Denver, CO on May 28th. For info call the ACHA at (301) 963-1100.

-- IV INTERNATIONAL CONFERENCE ON AIDS continues to serve as a forum for experts in specialized fields. This conference will be held in Stockholm, Sweden on June 12-16, 1988. For more info contact the Stockholm Convention Bureau, P.O. Box 6911, S-102 39 Stockholm, Sweden.

-- SECOND INTERNATIONAL LESBIAN & GAY HEALTH CONFERENCE AND AIDS FORUM will take place in Boston in July, 1988. For info call NLGHF at (202) 797-3708.

-- NATIONAL AIDS NETWORK 1988 CONFERENCE will be sponsored by the National AIDS Network in New Orleans, LA, October 20-23. For more info please call the NAN office at (202) 347-0390.

EXPERTS WILL MEET FOR INTERNAT'L GAY HEALTH CONFERENCE

The National Lesbian/Gay Health Foundation (NLGHF) and the American Association of Physicians for Human Rights (AAPHR) will be holding their second annual International Conference and AIDS Forum this summer, July 20-26, 1988 at Boston's Park Plaza Hotel. The Conference will have as its theme "Our Experience of the 80's/Our Mission for the 90's." Presentations are sought on topics including AIDS issues, gay/lesbian health care including hepatitis, gerontology, mental health issues, substance abuse, violence issues, sexuality, fundraising and organizational issues for gay/lesbian groups.

"The primary objective of the conference is to encourage information sharing and networking among health care and services providers and consumers," stated Ellen Ratner, president of the NLGHF. Attendance is expected to be well over 1,000, with almost a hundred workshops, panels and presentations. Participants will also have an opportunity to evaluate a preliminary report on an Agenda for the 90's, to be published and disseminated to planning, funding and health agencies.

The NLGHF, representing a constituency of more than 20,000 healthcare workers throughout the U.S., is in its ninth year of sponsoring a nationwide conference on gay/lesbian health care. It became an international conference last year when experts attended from many countries throughout the world, contributing to its growth and success. "This conference is the only continuous national forum for gay and lesbin health issues. Judging by the response we have received in the past, and the level of range of expertise of our participants, we expect to continue to make a significant contribution to raising awareness of and sharing information about health care issues in our community," affirmed Ms Ratner.

Presentations are sought for all levels of expertise, from beginning to advanced, on a broad range of topics. Workshops and panels will be designed to maximize learning and discussion at all levels.

AIDS AND THE HEALER WITHIN

by Nick Bamforth
(New York: Amethyst Books; 1987)

A Review by Rev. Steve Pieters

While this book contains a great deal of wisdom on personal wholeness and healing, it leaves this reviewer with the same feeling that many "New Age" healing books provoke: if we are 100% responsible for creating the reality of our lives, where does this leave room for God, and doesn't this philosophy, in essence, "blame the victim"?

Bamforth, in describing the healing process, presents both narratives and meditations on the seven chakras, or energy centers of the human body. He suggests that there is a great deal of imbalance in the chakras of persons with AIDS. One by one, he describes the chakras, and the issues that each presents: connection to the earth, sexuality, emotions, power and strength, love from the heart, communication, and the rational vs the intuitive mind. His meditations ask the reader to enter into the "room" where negative feelings live and learn to lovingly let go of that which is blocking wholeness.

Certainly, this process can be self-empowering. Therein lies the strength of the book: it can help change the feeling of helplessness and give a person a sense of responsibility (ability to respond) and control. The author is strong in describing the spiritual challenges of AIDS: from accepting one's God-given sexuality to learning to love with an open heart. He is particularly good in dealing with guilt and forgiveness, isolation, sorrow and grief. He makes a good case for remaining hopeful in the face of AIDS.

However, as with many New Age books on healing, the author establishes a system which can set up a person with AIDS for a feeling of failure. If a person with AIDS follows all the guidance in this book, and seeks out all the healing resources available, and the disease still progresses, does this mean that the PWA failed somewhere along the line? Does it mean that on some level the PWA "chose" to be sick and die? Does it mean that somehow God has abandoned the PWA, or that the PWA failed to really connect with the healing power of God?

My own experience as a person with AIDS contradicts these notions. I first got sick with HIV infection in 1982, and was diagnosed with full-blown AIDS in 1984. I have experienced complete remission of my cancers, and today my doctor says I show "No Evidence of Disease". It is true that I worked at getting well, pulling together all the resources I could to help me live and survive with AIDS. But I have known many other people who have done more than I, whose faith was greater, and who were more disciplined at taking responsibility for their own wellness, and they died from the disease.

To my way of thinking, this shows that there is a Power beyond ourselves, and that the will of God is not always within our understanding or control. Like many New Age healers, Bamforth strongly presents the "God within" that leads to a sense of self-empowerment; but he leaves out the transcendence of God, which limits God and ultimately robs God of power and God's own freedom to act in our lives.

I have seen many people with AIDS use New Age concepts of healing, believing that they have created the disease in their own bodies, and that through wholistic healing techniques and spiritual work they can reverse the process. The system works as long as the person experiences a relative amount of wellness; but if he or she gets sick again, the feelings of failure, guilt and low self-esteem can become overwhelming.

This book does not acknowledge that healing can happen through the dying process. Death seems to be the ultimate failure to this author, the ultimate absence of God. In describing one person with AIDS, Bamforth writes that, in spite of having achieved inner peace and reconciliation with family and friends, "He died because, deep down, he made the choice, believing that this was the only way not to have to struggle any more. I respect his choice, although dying is by no means the only way to rise above having to struggle and keep a controlling grip on life." (pp.93-94) Where is God in this attitude? Where is the compassion? Where is the concept of "Thy will, not mine, be done?"

Despite his emphasis on the importance of balance, Bamforth fails to understand the balance between the imminence and the transcendence of God, and between healing into life and healing into death. Many people with AIDS and their caregivers will find value and hope in this book; New Age healing philosophies are gaining many followers, particularly among people with AIDS. There are, however, drawbacks to this philosophy; hopefully, persons affected by AIDS will be able to pick and choose the ideas and exercises which will be most helpful to them, while retaining a sense of dignity and self-respect in the face of the disease process. Healing AIDS is certainly possible, and this book is a good guide for that possibility; but this does not mean that those who have died or will die have failed in any way.

God's will has mystified people for centuries. Yes, God is greater than AIDS, and God is still in the healing business, but God's grace is also present to people who are dying. Bamforth's New Age answers to AIDS miss the mark on this point, and leave an opening for anger, self-doubt, fear, and a sense of failure for those who are dying, and for those who care for persons with AIDS.